Division of Health Service Regulation

PRINTED: 05/07/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SLIPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: 01			3) DATE SURVEY COMPLETED		
		HAL043024	B. WING		04/	4/10/2015	
IAME OF F	ROVIDER OR SUPPLIER	SYREET AD	DRESS, CITY, S	TATE, ZIP CODE			
ENTERN	B DEST LIGHT		S CLUB ROA				
DENTER	S REST HOME		VARINA, NC				
(X4) ID		ATEMENT OF DEFICIENCIES	ID I				
TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLE DATE	
C 000	Initial Comments		C 000				
.,.	Report of a Biennia S. Bryant and Greg 04/10/2015.	al Construction Survey by Billy Cates conducted on					
	0-10/20 10.			. CONSTRUCTIO	IN SECTION		
1,06 - it	submitted for licens	is facility was first licensed or sure on 02/02/1973 as an HA.		MAY 13		h	
	Special Care Unit. surveyed for confor	ntly licensed for a 50 Bed Therefore the facility was mance with the applicable		REGE	IVED	- 7	
	Care Homes of Sey	5 Rules for Licensing of Adult yen or More Beds and of the 1967 Edition of the					
	North Carolina Buik Occupancy and the	ding Code(s), Institutional 1971 Rules for Licensing of of Seven or More Beds in					
	effect at the time of	initial licensure.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
.	SECTION .0300 - F 10A NCAC 13F .030 FURNISHINGS						
	(a) Adult care home(1) have walls, ceill	ings, and floors or floor					
- 1	(2) have no chronic	n and in good repair; c unpleasant odors; lean and in good repair;					
	(e) This Rule shall facilities.	apply to new and existing	Alegan e	and the state of t			
	keep ceilings in goo damage to the ceilir	ation the facility has failed to d repair; there is a pattern of ngs. The following are some					
. 1	examples in specific Findings from 04/10		٠.	C164			
	A. South Hall - Roor ceiling grid and lay -	m #1 and Room #4 - The in tiles are uneven and out of		New ceiling grid was installed are in plumb	d and tiles	04/17/1	
ATORY	alth Service Regulation DIRECTOR'S OR PROVIDE	ERISUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	-	(XB) DATE	
	McLamb (Dane NMC SON	when	Administrator		(XB) DATE 5/15/15	

	of Health Service R NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MERTIN	I E CONSTRUCTION	Town Dates	et iou mu
	AND PLAN OF CORRECTION DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMP	SURVEY
HAL043024		B. WING		04/10/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SENTER	'S REST HOME		S CLUB RO			
OLIVIER.	o reo mone	FUQUAY	VARINA, NO	27526		
(X4) ID PREPIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(XI) COMPLETI DATE
C 164	Continued From pa	age 1	C 164			
	plumb.					-
59	pidino.			l and a second		
2.1	B. South Hall - Oxy	gen Storage Room - The		B. New ceiling tiles were installed	and grid	04/17/1
	ceiling grid is uneve	en, out of plumb and there are				
awa U	gaps in the lay-in o	eiling tiles.		*A CONTRACTOR OF THE STATE OF T		
	C. Kitchen Pantry	There is a hole on the ceiling.	- 12 (1) mg	C. New ceiling tile installed		04/17/1
	or raisonant rainty	There is a fible of the belling.				
	D. North Hall - Roo	m #10 - The ceiling grid is		D. New ceiling grid was installed	and	
	uneven and out of			plumbed	and	04/17/1
	E Name Hall B			pianoo		
. '	E. North Hall - Resi	troom Adjacent to Room #3 -	. ,	E. Cailing grid has been repaired	and nam	04/17/
	are gaps in the lay-	ineven, out of plumb and there		tiles installed	and new	04/17/
	are gape in the lay	ar doming mod.		F. New Ceiling Tile replaced		04/17/1
·	F. Laundry - The la	y-in ceiling tile Is broken.	'	Trial coming too replaced		0401777
	G. Employee Bathrare moldy	oom - The lay-in ceiling tiles		G. New Ceiling Tiles replaced		04/17/1
.	H. Electrical Room	- There are gaps between the		H. New ceiling grid installed to do gaps	se the	04/17/1
	ceiling grid and the	lay-in ceiling tiles.		I. New ceiling tiles installed		04/17/1
	I. Linen Closet - The	e lay-in ceiling tiles are moldy.		J. South Hall Rm# 2 diffuser was	cleaned	04/17/1
						4/18/15
	J. South Hall - Roor	m #2 - The ceiling HVAC				48 TOV 13
	diffuser is clogged v	with dust.				
- 1	II Resed on observ	ation the facility failed to keep			- 1	
SA . E.	the floor or floor fini	shes in good repair.		Cara Linda - Cara - C		
			11.00	11.		
	Findings from 04/10			***		
		e ceramic tile at the shower		 A. New ceramic tiles were installe 	ed .	04/30/1
	partition is missing t	uics.	.			
	B. South Hall - Exit	Door - At the door threshold		B. South Hall - Exit Door New tile		
		and the vinyl floor tiles are		installed and are even	s were	04/30/1
	damaged.			missaico and are even		
			1		E	
	C. South Hall - Rest	rooms Adjacent to Rooms #6	1	-		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

HALO43024 B. WING 01 04/10/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SENTER'S REST HOME

40 RAWLS CLUB ROAD FUQUAY VARINA, NC 27526

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	- CME
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 164	Continued From page 2	C 164		
	and #11 - The floor is missing some ceramic floor tiles.		C. South Hall - New ceramic tile was installed to replace missing tiles	04/30/1
	III. Based on observation the facility failed to keep plumbing fixtures in good repair.			,
	Finding from 04/10/2015:		The state of the s	december.
	A. North Hall - Restroom Adjacent to Room #11 - There are gaps in the caulking around the tub.		A. North Hall Restroom / Rm 11, New caulking was put around tub to fill gaps	04/16/1
	IV. Based on observation the facility failed to keep furniture in good repair			
1	Finding from 04/10/2015:			. '
	A. North Hall - Restroom Adjacent to Room #5 - The side chair upholstery is torn.			
	Note: Corrected while surveyor was on site.			
C 166	Housekeeping-Maintained Free of Hazards	C 166		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS			
	(a) Adult care homes shall:			
- W	(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and			
	hazards; (e) This Rule shall apply to new and existing	4 -		
8	facilities.	salahan de	reference and security security and a security	
	This Rule is not met as evidenced by:			
.	Based on observation the facility failed to be maintained in a hazard free manner, Oxygen		-	
	bottles stored without any restraining device or other means to prevent them from falling or being			
	knocked over may present a danger to the occupants of the facility			
	Finding from 04/10/2015:			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					ATE SURVEY OMPLETED	
		HAL043024	B. WING		04/10/201	
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
ENTER	'S REST HOME		S CLUB RO VARINA, NO			
(X4) ID PRÉFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROPRIES OFFICIENCY)	DBE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 3	C 166			
	 A. Oxygen bottles v and unrestrained. 	vere stored standing upright				
	Note: Corrected wh	ile surveyor was on site,				
913.	maintained in a haz	ation the facility failed to be and free manner. A path of		C 166		-1,
	egress could effect path of egress to ex	ted. An obstructed path of facility occupants using the at the building in an				
	emergency requirin		i.			
	Finding from 04/10/ A. North Hall - The	2015: exit gate from the fence binds				
	on the asphalt creat	ing an obstruction by from opening its full exit		 A. North Hall gate was repaired by maintenance and the gate now ope its full exit width 	ns to	04/24/1
C 175	Bedroom Furnishing	gs-Clean Towel, Towel Bar	C 175			
	SECTION .0300 - P 10A NCAC 13F .030 FURNISHINGS	HYSICAL PLANT 06 HOUSEKEEPING AND				
	(b) Each bedroom s	hall have the following repair and clean for each				
	(7) Individual clean bar in the bedroom	towel, wash cloth and towel or an adjoining bathroom; and				
	facilities.	apply to new and existing				-
- 11	This Rule is not me I. Based on observa	tion the facility has failed to	g, - 11 - 14	nggyang mga garanti sa sa pagamatan sa		
	supply towel bars as	required. There is a pattern ed towel bars; the following		C 175		. '
	Findings from 04/10					
: [:	A. North Hall - Restr The towel rack is mi	com Adjacent to Room #5 -		A. North Hall / RM# 5 a towel rack hat installed to replace the one missing	s been	04/16/15

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL043024 B. WING 04/10/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 40 RAWLS CLUB ROAD SENTER'S REST HOME FUQUAY VARINA, NC 27526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 175 Continued From page 4 C 175 B. North Hall Restroom / Rm # 11 towel rack 04/16/15 B. North Hall - Restroom Adjacent to Room #11 has been installed to replace the missing one The towel rack is missing. C. South Hall - Restrooms Adjacent to Rooms #8 and #11 - The towel racks are damaged. C. South HALL / Room #6 and #11, new 04/16/15 towel racks were installed D. Resident Rooms - Many of the resident rooms have damaged towel racks. D. All resident rooms were checked for 04/16/15 missing towel racks and they were replaced C 189 Building Equipment Maintained Safe, Operating C 189 if any were missing SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: I. Based on observation, fire alarm devices were maintained in a safe manner. Fire alarm devices that are not maintained in a safe manner could pose a danger to all occupants of the facility if in the event of a fire the alarm the device did not C:189 activate the alarm system due to malfunction. Findings from 04/10/2015: A. North Hall - Room #8 Closet Heat 04/17/15 A. North Hall - Room #8 - The closet heat detector has been installed correctly detector is hanging from its wiring. B. North Hail - Room #9 - The closet heat B. North Hall Room # 9 Closet Heat 04/17/15 detector is hanging from its wiring. detector has been installed correctly Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL043024 B. WING 04/10/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 40 RAWLS CLUB ROAD SENTER'S REST HOME FUQUAY VARINA, NC 27526 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C.189 Continued From page 5 C 189 II. Based on observation, the emergency lighting equipment is not maintained in a safe condition. Emergency lighting equipment that does not function properly could affect all facility occupants by failing to provide illumination in the event of an emergency. C189 Findings from 04/10/2015: A. North Hall - Adjacent to Room #3 - The 04/17/15 A. North Hall - Adjacent to Room #3 - The wall emergency light need a battery and a new mounted emergency light did not work when was installed tested. B. Laundry - The emergency illuminated directional sign is not working. B. Laundry - The emergency exit sign was 04/17/15 replaced with a new one by Parrish Fire III. Based on observation, the electrical wiring and and Safety equipment are not being maintained in a safe 111. condition. Electrical Room - Blanks were A. Electrical Room - There are openings in the 04/17/15 replaced for the blanks that were breaker panel where the blanks for the spares are missing. North Hall - Room #11 - The door missing. hardware is not functioning properly. North Hall - Room 11 hardware has 04/16/15 been repaired B. Small Generator Room - The bottom sections of the siding and the door are rotten and there is B. Small Generator Room - Maintenance 05/08/15 evidence of water intrusion into the space. Person built a new door and painted it. C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; Division of Health Service Regulation

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AND PLAN	OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA	A. BUILDING	(X3) DATE SURVEY COMPLETED	
10 11	HAL043024	B. WING		04/10/2015
NAME OF	PROVIDER OR SUPPLIER STREET,	ADDRESS, CITY,	STATE, ZIP CODE	- 10,2010
SENTER	FUQUA	LS CLUB ROY Y VARINA, NC		•
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O RE COMPLETE
C 199	(2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.	C 199		
H K ber	(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by:		The state of the s	, Provident Speak gr
	 Based on observation there is a failure to meet the requirements for providing exhausts in specified rooms. This could affect occupants in those areas of the facility. 		C 199	
	Findings from 04/10/2015: A. South Hall - Restrooms Adjacent to Rooms #8 and #11 - The exhaust fans do not work. B. North Hall - Restroom Adjacent to Room #11 -		A. South Hall Restrooms / New exhaunstalled B. North Hall Restrooms / New exhaunstalled Room 11	04/29/15
	The exhaust fan is not working. C. North Hall - Restroom Adjacent to Room #3 - The exhaust fan is not working.		C. North Hall Restroom / New exhau installed Room #3	st fan
				05/08/15
			Administrator has implemented a plar correction to assure the safety of our residents, and the facility will stay in compliance. Administrator instructed to	and ongoing the
			maintenance person to keep all buildit equipment maintained in a safe and o order. Maintenance will be keeping the Physical plant monitored weekly and it will be decomposed and remained in a	perating ne ssues
vision of Hea	ith Service Regulation		will be documented and repaired in a manner.	imely

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